Outcomes of Oral Ibrexafungerp in the Treatment of 18 Patients with *Candida auris* Infections, from the CARES Study

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BACKGROUND

- *Candida auris* is a multi-drug resistant fungus associated with high mortality, has been implicated in healthcare setting outbreaks, and subsequently was added as an Urgent Threat Pathogen to the CDC Antimicrobial Resistance Threat Report 2019.
- Ibrexafungerp is an IV/oral, first-in-class triterpenoid, broad-spectrum fungicidal β-D-glucan synthase inhibitor (similar to the echinocandins).
- Oral ibrexafungerp has activity against *Candida*, *Aspergillus*, *Mucor*, *Pneumocystis* spp. and dimorphic fungi, including azole- and echinocandin-resistant strains.
- Ibrexafungerp also has high tissue penetration into organ and tissue compartments commonly associated with invasive fungal infections and is in development for life-threatening infections due to these pathogens.

CARES DESIGN

- CARES is currently in recruitment (for this cohort, see patient locations in map on the left).
- Eligible patients have a documented *Candida auris* infection and receive a loading dose of oral ibrexafungerp 750 mg BID the first 2 days, then subsequent oral ibrexafungerp 750 mg QD up to 90 days and are followed for 6-weeks post-therapy.
- An independent Data Review Committee (DRC) provided an assessment of treatment response for 18 patients who enrolled and completed therapy by October 2021.
- Outcome data from DRC assessments are reported here.

PATIENT CHARACTERISTICS

Baseline Fungal Disease	Number of patients	Mean Patient Age	% Female	Mean days on Ibrexafungerp
Candidemia	12	59	25	14
Lower Urinary Tract	5	62	60	27
Intra-abdominal	1	64	0	1
OVERALL	**18**	**60**	**33%**	**18**

- Of the 18 enrolled patients, 11 had received prior antifungal therapy for their infection, and 7 were treatment-naïve.

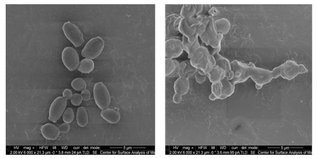
OUTCOMES BY BASELINE FUNGAL DISEASE

	Complete/ Partial Response	Stable Response	Disease Progression	Death	Indeterminate
Candidemia	8	2	0	1	1
Lower Urinary	5	0	0	0	0
Intraabdominal	1	0	0	0	0
Totals	**14**	**2**	**0**	**1**	**1**

CIDAL MECHANISM OF ACTION

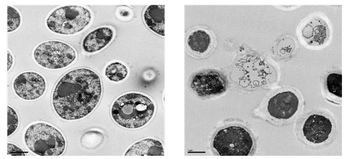
Scanning electron microscopy

Before IBX | After IBX



Transmission electron microscopy

Before IBX | After IBX

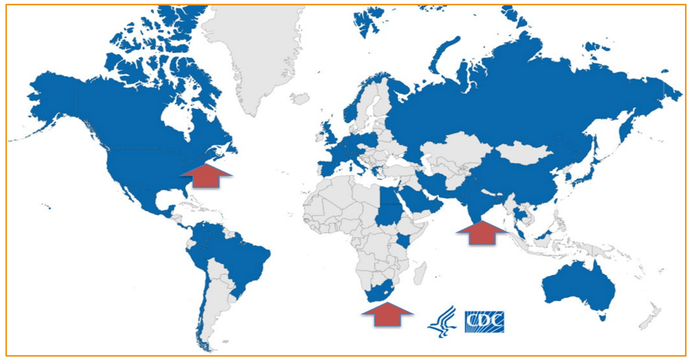


Fungicidal action of ibrexafungerp (IBX) against cells of *Candida auris* (SEM and TEM images)

- abnormalities in cell division (fused cells),
- thickening of the cell wall with disappearance of the cell membrane,
- leakage of cytoplasmic matrix, and
- destruction of cytoplasmic organelles.

(Images from Larkin, et al, AAC 2017.)

GLOBAL DISEASE, GLOBAL STUDY



As of the latest interim data analysis (October 2021), CARES has enrolled 18 patients from areas where *Candida auris* outbreaks have occurred: South Africa, South Asia, and North America.

RESULTS DETAILS

- Mean patient age- 58.3 years, 11 males, 7 females enrolled.
- Ibrexafungerp median duration of therapy was 18 days.
- The most frequent treatment-related adverse event were gastrointestinal in nature including diarrhea, nausea and abdominal pain.

CONCLUSIONS

These cases provide continued evidence of the potential clinical utility of ibrexafungerp in the treatment of invasive candidiasis and candidemia caused by *Candida auris*.

For additional information contact SCYNEXIS at info@scynexis.com